

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 0110313.00139US2	
Application Number                      10/523,475-Conf. #2300		Filed                      September 16, 2005	
For      SPERM-SPECIFIC CATION CHANNEL, CATSPER4, AND USES THEREFOR			
Art Unit              1632		Examiner                      J. Hama	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$120	\$60              \$ _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$460	\$230              \$ _____
<input checked="" type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1050	\$525              \$ 525.00
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$1640	\$820              \$ _____
<input type="checkbox"/>		\$2230	\$1115              \$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      08-0219      . I have enclosed a duplicate copy of this sheet.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number      51,726			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34      _____			
_____ /Lisa N. Geller/ Signature		_____ January 18, 2008 Date	
_____ Lisa N. Geller Typed or printed name		_____ (617) 526-6000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of      1      forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: January 18, 2008	Electronic Signature: /Lisa N. Geller/